

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023500

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3161

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

G. K. Boyd

FILED JUL 6 1962 1. PLACE OF DEATH a. COUNTY Jackson b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in lb 40 yrs c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hospital Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson c. CITY OR TOWN Kansas City Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) 146 N. Oakley Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Richard Middle N. Last Via		4. DATE OF DEATH Month June Day 12 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-23-1894
9. AGE (last birthday) 68		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HR. Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant		10b. KIND OF BUSINESS OR INDUSTRY Plumbing & Heating	
11. BIRTHPLACE (City and state or country) Birta, Arkansas		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Simeon Via		13b. MOTHER'S MAIDEN NAME Beatrice E. Ellison	
14. NAME OF HUSBAND OR WIFE Laura Via		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. I.	
16. SOCIAL SECURITY NO. W. W. I.		17. INFORMANT Address Mrs. Laura Via, 146 N. Oakley Kansas City, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rupture of myocardium DUE TO (b) Myocardial necrosis DUE TO (c) Myocardial Infarction Coronary Occlusion PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 1 minute 3 days 7 days	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 5:00 p.m. Month, Day, Year August 1961	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Kansas City, Missouri		20g. COUNTY Missouri STATE Missouri	
21. I attended the deceased from August 1961 to present and last saw him alive on 6-12-62 Death occurred at 5:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE George K Boyd M.D. (Deceased or title)	
22b. ADDRESS 5111 Independence Ave		22c. DATE SIGNED 6/16/62 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-15-1962	
23c. NAME OF CEMETERY OR CREMATORY Floral Hills, Inc		23d. LOCATION (City, town, or county) Kansas City, Missouri	
24. FUNERAL DIRECTOR Floral Hills Memorial Chapels, Inc ADDRESS Blue Ridge & Gregory		25. DATE RECD. BY LOCAL REG. 6-15-62	
26. REGISTRAR'S SIGNATURE Ruth A Long			

USE BLACK INK OR TYPEWRITER RIBBON

